Case:16-00565-MCF13 Doc#:1 Filed:01/29/16 Entered:01/29/16 10:20:46 Desc: Main Document Page 1 of 45

| Fill in this information to identify your case: | | |
|---|-------------------------------|-----------------------------------|
| United States Bankruptcy Court for the: | | |
| DISTRICT OF PUERTO RICO | | |
| Case number (if known) | Chapter you are filing under: | |
| | ☐Chapter 7 | |
| | ☐Chapter 11 | |
| | ☐Chapter 12 | |
| | ■Chapter 13 | ☐ Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | t 1: Identify Yourself | | |
|----|---|--|---|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | |
| | Write the name that is on | MARDICK | |
| | your government-issued picture identification (for | First name | First name |
| | example, your driver's | MARCELO | |
| | license or passport). | Middle name | Middle name |
| | Bring your picture identification to your | DAVILA AGOSTO | |
| | meeting with the trustee. | Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III) |
| | | | |
| 2. | All other names you have used in the last 8 years | MARDICK DAVILA AGOSTO | |
| | Include your married or maiden names. | MARDICK M DAVILA AGOSTO | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-6002 | |

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Debtor 1 MARDICK MARCELO DAVILA AGOSTO

Case number (if known)

| | | About Debtor 1: | | About Debtor 2 (Spouse Only in a Joint Case): | | | |
|--|---|---|--|---|--|--|--|
| 4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | | | | have not used any business name or EINs. Business name(s) | | | |
| | | EINs | | EINs | | | |
| 5. | Where you live | URB LOS CAMINOS BO QUEMADOS CALLE ALIUM G 14 SAN LORENZO, PR 00754 Number, Street, City, State & ZIP Code San Lorenzo County If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. PO BOX 79 SAN LORENZO, PR 00754 Number, P.O. Box, Street, City, State & ZIP Code | | If Debtor 2 lives at a different address: Number, Street, City, State & ZIP Code County If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. Number, P.O. Box, Street, City, State & ZIP Code | | | |
| 6. | Why you are choosing this district to file for bankruptcy | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. □ I have another reason. Explain. (See 28 U.S.C. § 1408.) | | Check one: ☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | | | |

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| Deb | otor 1 MARDICK MARCE | LO DA | VILA AGOS | STO | _ | Case nu | mber (if known) | |
|-----|--|---|----------------|---|-----------|-----------------------|------------------------|--------------------------------|
| | | | | | | | | |
| Par | t 2: Tell the Court About | four Baı | nkruptcy Ca | se | | | | |
| 7. | The chapter of the Bankruptcy Code you are | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. | | | | | | |
| | choosing to file under | ☐ Chap | oter 7 | | | | | |
| | | □Chap | oter 11 | | | | | |
| | | □Chap | oter 12 | | | | | |
| | | ■ Chap | pter 13 | | | | | |
| 8. | How you will pay the fee | – о | about how yo | entire fee when I file my pe u may pay. Typically, if you ar attorney is submitting your pa address. | e paying | the fee yourself, yo | ou may pay with casl | n, cashier's check, or money |
| | | | need to pay | the fee in installments. If you in Installments (Official Forn | | e this option, sign a | and attach the Applic | ation for Individuals to Pay |
| | | | request tha | t my fee be waived (You may uired to, waive your fee, and n | y request | this option only if y | ou are filing for Cha | pter 7. By law, a judge may, |
| | | th | hat applies to | o your family size and you are cation to Have the Chapter 7 F | unable t | o pay the fee in inst | tallments). If you cho | ose this option, you must fill |
| 9. | Have you filed for | □No. | | | | | | |
| | bankruptcy within the last 8 years? | Yes. | | | | | | |
| | • | | District | DISTRICT OF PUERTO | When | 6/08/13 | Case number | 13-04756 |
| | | | District | | When | | Case number | |
| | | | District | | When | | Case number | |
| 10. | Are any bankruptcy | ■No | | | | | | |
| | cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | _Yes. | | | | | | |
| | | | Debtor | | | | Relationship to y | ou |
| | | | District | | When | | Case number, if | - |
| | | | Debtor | | | | Relationship to y | |
| | | | District | | When | | Case number, if | known |
| 11. | Do you rent your residence? | ■No. | Go to li | ine 12. | | | | |
| | residerice : | □Yes. | Has yo | ur landlord obtained an eviction | on judgm | ent against you and | d do you want to stay | in your residence? |
| | | | | No. Go to line 12. | | | | |
| | | | | Yes. Fill out <i>Initial Statement</i> bankruptcy petition. | About ai | า Eviction Judgmen | nt Against You (Form | 101A) and file it with this |

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| Deb | otor 1 MARDICK MARCE | LO DAVI | LA AGO | STO | Case number (if known) |
|---|---|------------------------|------------------|---------------------------------------|--|
| | | | | | |
| Par | Report About Any Bu | sinesses ` | You Own | as a Sole Proprie | etor |
| 12. | Are you a sole proprietor of any full- or part-time business? | ■No. | Go to | Part 4. | |
| | | □Yes. | Name | and location of bus | siness |
| | A sole proprietorship is a | | | | |
| | business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | | of business, if any | |
| | If you have more than one sole proprietorship, use a separate sheet and attach | | Numb | er, Street, City, Sta | ate & ZIP Code |
| | it to this petition. | | Check | the appropriate bo | ox to describe your business: |
| | | | | Health Care Busin | ness (as defined in 11 U.S.C. § 101(27A)) |
| | | | | Single Asset Rea | Il Estate (as defined in 11 U.S.C. § 101(51B)) |
| | | | | Stockbroker (as c | defined in 11 U.S.C. § 101(53A)) |
| | | | | Commodity Broke | er (as defined in 11 U.S.C. § 101(6)) |
| | | | | None of the above | e |
| Chapter 11 of the de Bankruptcy Code and are op | | deadlines operation | s. If you in | dicate that you are ow statement, and | e court must know whether you are a small business debtor so that it can set appropriate a small business debtor, you must attach your most recent balance sheet, statement of federal income tax return or if any of these documents do not exist, follow the procedure |
| | For a definition of small | ■No. | I am n | ot filing under Cha | pter 11. |
| | business debtor, see 11 U.S.C. § 101(51D). | □No. | I am fi Code. | | 11, but I am NOT a small business debtor according to the definition in the Bankruptcy |
| | | □Yes. | I am fi | ling under Chapter | 11 and I am a small business debtor according to the definition in the Bankruptcy Code. |
| Par | t 4: Report if You Own or | Have Any | Hazardo | us Property or An | ny Property That Needs Immediate Attention |
| 14. | Do you own or have any | ■No. | | | |
| | property that poses or is alleged to pose a threat | □Yes. | | | |
| | of imminent and | | What is t | the hazard? | |
| | identifiable hazard to public health or safety? | | | | |
| | Or do you own any property that needs immediate attention? | | | iate attention is why is it needed? | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | Where is | the property? | Number, Street, City, State & Zip Code |
| | | | | | |

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Debtor 1 MARDICK MARCELO DAVILA AGOSTO Case number (if known)

15. Tell the court whether you have received a briefing about credit

counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

Explain Your Efforts to Receive a Briefing About Credit Counseling **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I

filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 davs.

I am not required to receive a briefing about credit counseling because of:

I have a mental illness or a Incapacity.

mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes

me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military

combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a brie | fing about credit |
|-------------------------------------|-------------------|
| counseling because of: | |

☐ Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing

in person, by phone, or through the internet, even after I reasonably tried

to do so.

Active duty. I am currently on active military duty

in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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| Deb | tor 1 MARDICK MARCE | LO DAVIL | A AGOSTO | Case numbe | r (if known) | | | | |
|------|--|---|--|--|---|--|--|--|--|
| Part | 6: Answer These Questi | ons for Rep | orting Purposes | | | | | | |
| 16. | What kind of debts do you have? | 16a. A | | | ned in 11 U.S.C. § 101(8) as "incurred by an | | | | |
| | | | No. Go to line 16b. | | | | | | |
| | | | ■Yes. Go to line 17. | | | | | | |
| | | | Are your debts primarily business debts? <i>Business debts</i> are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. | | | | | | |
| | | | No. Go to line 16c. | | | | | | |
| | | | Yes. Go to line 17. | | | | | | |
| | | 16c. S | tate the type of debts you owe th | nat are not consumer debts or busines | ss debts | | | | |
| 17. | Are you filing under Chapter 7? | ■No. | am not filing under Chapter 7. G | o to line 18. | | | | | |
| | Do you estimate that after any exempt property is excluded and | | | ou estimate that after any exempt prop be available to distribute to unsecured | | | | | |
| | administrative expenses are paid that funds will | | ŪNo | | | | | | |
| | be available for distribution to unsecured creditors? | | Yes | | | | | | |
| 18. | How many Creditors do you estimate that you | ■1-49 □50-99 | | □1,000-5,000 □5001-10,000 | □25,001-50,000 □50,001-100,000 | | | | |
| | owe? | □100-199 □200-999 | | 10,001-25,000 | ☐More than100,000 | | | | |
| 19. | How much do you estimate your assets to | ■ \$0 - \$50, | | \$1,000,001 - \$10 million \$10,000,001 - \$50 million | □\$500,000,001 - \$1 billion □\$1,000,000,001 - \$10 billion | | | | |
| | be worth? | □\$50,001 - \$100,000 □\$100,001 - \$500,000 □\$500,001 - \$1 million | | \$50,000,001 - \$50 million \$100,000,001 - \$500 million | ☐\$10,000,000,001 - \$10 billion ☐More than \$50 billion | | | | |
| 20. | How much do you estimate your liabilities | ■ \$0 - \$50, | | \$1,000,001 - \$10 million \$10,000,001 - \$50 million | □\$500,000,001 - \$1 billion □\$1,000,000,001 - \$10 billion | | | | |
| | to be? | : | - \$100,000 - \$500,000 - \$1 million | \$50,000,001 - \$100 million \$100,000,001 - \$500 million | ☐\$1,000,000,001 - \$10 billion ☐More than \$50 billion | | | | |
| Part | 7: Sign Below | | | | | | | | |
| For | you | I have exam | nined this petition, and I declare | under penalty of perjury that the inforr | mation provided is true and correct. | | | | |
| | | | | n aware that I may proceed, if eligible, available under each chapter, and I ch | under Chapter 7, 11,12, or 13 of title 11, noose to proceed under Chapter 7. | | | | |
| | | | | ay or agree to pay someone who is no ice required by 11 U.S.C. § 342(b). | ot an attorney to help me fill out this | | | | |
| | | · | · | er of title 11, United States Code, spe | · | | | | |
| | | bankruptcy 1519, and 3 | case can result in fines up to \$2 3571. | 50,000, or imprisonment for up to 20 y | or property by fraud in connection with a years, or both. 18 U.S.C. §§ 152, 1341, | | | | |
| | | | ICK MARCELO DAVILA AG (MARCELO DAVILA AGOS f Debtor 1 | | 72 | | | | |
| | | Executed o | MM / DD / YYYY | Executed onMM | / DD / YYYY | | | | |
| | | | | | | | | | |

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| Debtor 1 MARDICK MARCI | ELO DAVILA AGOSTO | Cas | Case number (if known) | | | |
|---|--|-------------------------|--|--|--|--|
| | | | | | | |
| For your attorney, if you are represented by one | | States Code, and have e | informed the debtor(s) about eligibility to proceed explained the relief available under each chapter debtor(s) the notice required by 11 U.S.C. § | | | |
| If you are not represented by an attorney, you do not need to file this page. | 342(b) and, in a case in which § 707(b)(4)(Ď) ar in the schedules filed with the petition is incorre | | no knowledge after an inquiry that the information | | | |
| . 0 | /s/ Jose A. Leon Landrau | Date | January 29, 2016 | | | |
| | Signature of Attorney for Debtor | | MM / DD / YYYY | | | |
| | Jose A. Leon Landrau | | | | | |
| | LEÓN LANDRAU, C.P. | | | | | |
| | Firm name | | | | | |
| | PO BOX 1687 | | | | | |
| | CAGUAS, PR 00726 | | | | | |
| | Number, Street, City, State & ZIP Code | | | | | |
| | Contact phone 787-746-7979 | Email address | jleonlandrau@yahoo.com | | | |
| | Bar number & State | | | | | |

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| = #II | in this informs | ation to identify your | 2000 | . ago o or re | | |
|--------------|----------------------------------|---|---|---|--------------|-------------------------------|
| | otor 1 | | | | | |
| Der | DIOI I | First Name | ELO DAVILA AGOSTO Middle Name | Last Name | | |
| | otor 2 buse if, filing) | First Name | Middle Name | Last Name | | |
| Uni | ted States Bank | cruptcy Court for the: | DISTRICT OF PUERTO RICC | 0 | | |
| | se number | | | | _ | c if this is an ded filing |
| Of | ficial Forr | m 106Sum | | | | |
| Su | mmary of | Your Assets a | and Liabilities and C | ertain Statistical Information | | 12/15 |
| info you | rmation. Fill our original forms | ut all of your schedule s, you must fill out a | | iling together, both are equally responsible ormation on this form. If you are filing amer box at the top of this page. | | |
| Par | t 1: Summar | ize Your Assets | | | | |
| | | | | | Your a | ssets of what you own |
| 1. | | B: Property (Official Fo | | | \$ | 0.00 |
| | 1b. Copy line | 62, Total personal prop | perty, from Schedule A/B | | \$ | 1,210.00 |
| | 1c. Copy line | 63, Total of all property | y on Schedule A/B | | \$ | 1,210.00 |
| Par | t 2: Summar | ize Your Liabilities | | | | |
| | | | | | | abilities t you owe |
| 2. | | | laims Secured by Property (Office The Amount of claim, at the be | cial Form 106D) ottom of the last page of Part 1 of <i>Schedule D.</i> | . \$ | 0.00 |
| 3. | | | Unsecured Claims (Official Form | n 106E/F) om line 6e of <i>Schedule E/F</i> | \$ | 19,078.79 |
| | | | |) from line 6j of Schedule E/F | | 2,128.00 |
| | | | | Your total liabilities | \$ 8 | 21,206.79 |
| | | | | rour total habilities | | 21,200.10 |
| Par | t 3: Summar | ize Your Income and | Expenses | | | |
| 4. | | our Income (Official Fo | | | . \$ | 1,450.00 |
| 5. | | our Expenses (Official on the contract of the | | | \$ | 1,100.00 |
| Par | t 4: Answer | These Questions for | Administrative and Statistical | Records | | |
| 6. | | • • | er Chapters 7, 11, or 13? on this part of the form. Check | this box and submit this form to the court with y | our other so | chedules. |
| 7. | ■ Yes What kind of | debt do you have? | | | | |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

the court with your other schedules.

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Debtor 1 MARDICK MARCELO DAVILA AGOSTO

Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$_____1,100.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total o | claim |
|--|---------|-----------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 11,000.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 8,078.79 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 19,078.79 |

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| | | Doddinone | 1 ago 10 01 10 | | |
|--|--|---|--|--------------------------|---|
| Fill in this inform | mation to identify your | case and this filing: | | | |
| Debtor 1 | MARDICK MARC | ELO DAVILA AGOSTO | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name | | |
| United States Ba | nkruptcy Court for the: | DISTRICT OF PUERTO I | RICO | | |
| Case number _ | | | | | Check if this is an amended filing |
| | rm 106A/B e A/B: Pro p | ertv | | | 12/15 |
| In each category, so it fits best. Be as c | eparately list and describe omplete and accurate as | e items. List an asset only oncoossible. If two married peopl | ce. If an asset fits in more than one cate le are filing together, both are equally re any additional pages, write your name a | esponsible for supplying | correct information. If |
| Part 1: Describe | Each Residence, Building | , Land, or Other Real Estate \ | You Own or Have an Interest In | | |
| 1. Do you own or h | ave any legal or equitable | interest in any residence, bu | ilding, land, or similar property? | | |
| ■No. Go to Part | 2. | | | | |
| ☐Yes. Where is | the property? | | | | |
| Part 2: Describe | Your Vehicles | | | | |
| | | | nicles, whether they are registered ule G: Executory Contracts and Unex | | vehicles you own that |
| 3. Cars, vans, tr | ucks, tractors, sport u | tility vehicles, motorcycle | es | | |
| ■No | | | | | |
| ∐Yes | | | | | |
| Examples: Boa | | | nal vehicles, other vehicles, and accessels, snowmobiles, motorcycle acce | | |
| ■No | | | | | |
| ∐Yes | | | | | |
| | | | ntries from Part 2, including any er | | \$0.00 |
| Part 3: Describe | Your Personal and House | ehold Items | | | |
| · | , , , | able interest in any of the | e following items? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| | | e, linens, china, kitchenware | е | | |
| | HOUSEH | OLD GOODS | | | \$800.00 |
| | | | | | |

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

No

☐Yes. Describe.....

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| Debtor | MARDICK MARCELO DAVILA AGOSTO | Case number (if known) | |
|-----------------|--|--------------------------------|---|
| Exa | ctibles of value nples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other other collections, memorabilia, collectibles | er art objects; stamp, coin, o | r baseball card collections; |
| ■No □Ye | s. Describe | | |
| | oment for sports and hobbies nples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables musical instruments | s, golf clubs, skis; canoes an | d kayaks; carpentry tools; |
| ■No □Ye | s. Describe | | |
| 10. Fire Exa | amples: Pistols, rifles, shotguns, ammunition, and related equipment | | |
| | s. Describe | | |
| □No | thes amples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories s. Describe | | |
| | WEARING APPAREL | | \$250.00 |
| □No | amples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom s. Describe FURS AND JEWELRY | jewelry, watches, gems, gol | d, silver \$150.00 |
| Exa ■No | -farm animals amples: Dogs, cats, birds, horses s. Describe | | |
| ■No | other personal and household items you did not already list, including any health s. Give specific information | h aids you did not list | |
| | d the dollar value of all of your entries from Part 3, including any entries for page Part 3. Write that number here | es you have attached | \$1,200.00 |
| Part 4: | Describe Your Financial Assets | | |
| Do you | own or have any legal or equitable interest in any of the following? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| □No | h nmples: Money you have in your wallet, in your home, in a safe deposit box, and on han s | d when you file your petition | |
| | | CASH ON HAND | \$10.00 |

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

■No

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| De | ebtor 1 | MARDICK MARCELO DAVILA AGOSTO | Case number | (if known) |
|------|-------------|--|--|--|
| | □Yes | | Institution name: | |
| | | | | |
| 18. | Exan | s, mutual funds, or publicly traded stocks ples: Bond funds, investment accounts with brokera | ge firms, money market accounts | |
| | ■No □Yes | Institution or issuer name | : | |
| 19. | | ublicly traded stock and interests in incorporate oint venture | d and unincorporated businesses, including | an interest in an LLC, partnership, |
| | ■No | | | |
| | ∐Yes. | Give specific information about them Name of entity: | % of owners | hip: |
| 20. | Nego | nment and corporate bonds and other negotiable tiable instruments include personal checks, cashiers negotiable instruments are those you cannot transfer | checks, promissory notes, and money orders. | |
| | ■No | | | |
| | ∟res. | Give specific information about them Issuer name: | | |
| 21. | | ment or pension accounts ples: Interests in IRA, ERISA, Keogh, 401(k), 403(b) | , thrift savings accounts, or other pension or pro | fit-sharing plans |
| | | List each account separately. | | |
| | _ | Type of account: | Institution name: | |
| 22. | Your | ity deposits and prepayments share of all unused deposits you have made so that ples: Agreements with landlords, prepaid rent, public | | |
| | ■No | | Institution name or individual: | |
| | ∐res. | | monator name of marviaga. | |
| 23. | | ties (A contract for a periodic payment of money to | ou, either for life or for a number of years) | |
| | ■No □Yes | Issuer name and description. | | |
| 24. | Interes | sts in an education IRA, in an account in a qualific.C. §§ 530(b)(1), 529A(b), and 529(b)(1). | ed ABLE program, or under a qualified state t | uition program. |
| | ■No | .c. 99 330(b)(1), 323A(b), and 329(b)(1). | | |
| | _Yes | Institution name and description. Sep | parately file the records of any interests.11 U.S.C | C. § 521(c): |
| 25. | Trust | s, equitable or future interests in property (other | than anything listed in line 1), and rights or p | owers exercisable for your benefit |
| | No | | | |
| | ∟Yes. | Give specific information about them | | |
| 26. | | ts, copyrights, trademarks, trade secrets, and oth ples: Internet domain names, websites, proceeds from | | |
| | | Give specific information about them | | |
| 27. | | ses, franchises, and other general intangibles ples: Building permits, exclusive licenses, cooperative | ve association holdings liquor licenses profession | nnal licenses |
| | ■No | Give specific information about them | re association notdings, liquor licenses, profession | Julian incenses |
| | | property owed to you? | | Current value of the |
| IVIC | oney o | property owed to you: | | portion you own? Do not deduct secured claims or exemptions. |
| 20 | Tay # | funds owed to you | | |
| | ■No | nunus oweu to you | | |

☐Yes. Give specific information about them, including whether you already filed the returns and the tax years......

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| De | ebtor 1 | MARDICK MARCELO DAVILA AGOSTO | Case number (if known) | |
|-----|--------------------|--|---|----------------------------|
| 29. | Exam ■No | y support nples: Past due or lump sum alimony, spousal support, child support Give specific information | rt, maintenance, divorce settlement, propert | y settlement |
| 30. | <i>Exam</i> ■No | amounts someone owes you nples: Unpaid wages, disability insurance payments, disability bene benefits; unpaid loans you made to someone else | fits, sick pay, vacation pay, workers' compe | ensation, Social Security |
| | □Yes. | Give specific information | | |
| 31. | | ests in insurance policies apples: Health, disability, or life insurance; health savings account (H | ISA); credit, homeowner's, or renter's insura | nce |
| | | Name the insurance company of each policy and list its value. Company name: | Beneficiary: | Surrender or refund value: |
| 32. | If you some | nterest in property that is due you from someone who has died are the beneficiary of a living trust, expect proceeds from a life inscone has died. | | ceive property because |
| | ■No □Yes. | Give specific information | | |
| 33. | Exam ■No | as against third parties, whether or not you have filed a lawsuit apples: Accidents, employment disputes, insurance claims, or rights Describe each claim | | |
| 34. | ■No | contingent and unliquidated claims of every nature, including Describe each claim | counterclaims of the debtor and rights t | o set off claims |
| 35. | Any fi ■No | nancial assets you did not already list | | |
| | _ | Give specific information | | |
| 36 | | the dollar value of all of your entries from Part 4, including an | | \$10.00 |
| Pa | rt 5: Do | escribe Any Business-Related Property You Own or Have an Interest In. | List any real estate in Part 1. | |
| _ | | own or have any legal or equitable interest in any business-related proportion Part 6. | erty? | |
| ı | ∐Yes. G | So to line 38. | | |
| Pa | | escribe Any Farm- and Commercial Fishing-Related Property You Own o you own or have an interest in farmland, list it in Part 1. | r Have an Interest In. | |
| 46. | | ou own or have any legal or equitable interest in any farm- or co | ommercial fishing-related property? | |
| | □Yes. | . Go to line 47. | | |
| Pa | rt 7: | Describe All Property You Own or Have an Interest in That You Did No | ot List Above | |
| 53. | | ou have other property of any kind you did not already list? nples: Season tickets, country club membership | | |

☐Yes. Give specific information.......

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| Debtor 1 MARDICK MARCELO DAVILA AGOSTO | | Case number (if known) | |
|--|------------------|------------------------------|------------|
| 54. Add the dollar value of all of your entries from Part 7. Write | that number here | | \$0.00 |
| Part 8: List the Totals of Each Part of this Form | | | |
| 55. Part 1: Total real estate, line 2 | | | \$0.00 |
| 56. Part 2: Total vehicles, line 5 | \$0.00 | | |
| 57. Part 3: Total personal and household items, line 15 | \$1,200.00 | | |
| 58. Part 4: Total financial assets, line 36 | \$10.00 | | |
| 59. Part 5: Total business-related property, line 45 | \$0.00 | | |
| 60. Part 6: Total farm- and fishing-related property, line 52 | \$0.00 | | |
| 61. Part 7: Total other property not listed, line 54 | + \$0.00 | | |
| 62. Total personal property. Add lines 56 through 61 | \$1,210.00 | Copy personal property total | \$1,210.00 |
| 63. Total of all property on Schedule A/B . Add line 55 + line 62 | | | \$1,210.00 |

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| Fil | I in this information to identify your case: | | | | |
|--------------------------|--|---|----------------------------|---|--|
| De | btor 1 MARDICK MARCELO D | | | | |
| De | First Name | Middle Name | L | ast Name | |
| _ | | Middle Name | L | ast Name | |
| Un | ited States Bankruptcy Court for the: DIST | RICT OF PUERTO RIC | o | | |
| | nown) | | | | ☐ Check if this is an amended filing |
| | #:-:-! F 4000 | | | | |
| | fficial Form 106C | | | | |
| <u>S</u> | chedule C: The Prope | rty You Cla | im | as Exempt | 12/15 |
| the nee | as complete and accurate as possible. If two r property you listed on <i>Schedule A/B: Property</i> ded, fill out and attach to this page as many of case number (if known). | (Official Form 106A/B | as y | our source, list the property that you | u claim as exempt. If more space is |
| spe any fun exe | each item of property you claim as exempecific dollar amount as exempt. Alternatively applicable statutory limit. Some exemption ds—may be unlimited in dollar amount. Hore applicable statutory amount. | y, you may claim the fins—such as those for wever, if you claim ar | full fa r heal n exe | ir market value of the property be th aids, rights to receive certain mption of 100% of fair market val | eing exempted up to the amount of benefits, and tax-exempt retirement ue under a law that limits the |
| Pa | rt 1: Identify the Property You Claim as I | Exempt | | | |
| 1. | Which set of exemptions are you claiming | ? Check one only, eve | en if y | our spouse is filing with you. | |
| | ☐You are claiming state and federal nonban | kruptcy exemptions. 1 | 1 U.S | .C. § 522(b)(3) | |
| | You are claiming federal exemptions. 11 | J.S.C. § 522(b)(2) | | | |
| 2. | For any property you list on Schedule A/E | that vou claim as exe | empt. | fill in the information below. | |
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | • | ount of the exemption you claim | Specific laws that allow exemption |
| | conceane 702 mar note and property | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | |
| | HOUSEHOLD GOODS | \$800.00 | | \$800.00 | 11 USC § 522(d)(3) |
| | Line from Schedule A/B: 6.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | WEARING APPAREL | \$250.00 | | \$250.00 | 11 USC § 522(d)(3) |
| | Line from Schedule A/B: 11.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | FURS AND JEWELRY Line from Schedule A/B; 12.1 | \$150.00 | | \$150.00 | 11 USC § 522(d)(4) |
| | Line from Schedule Arb. 12.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | CASH ON HAND Line from Schedule A/B: 16.1 | \$10.00 | | \$10.00 | 11 USC § 522(d)(5) |
| | Line nom Schedule Arb. 10.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| 3. | Are you claiming a homestead exemption (Subject to adjustment on 4/01/16 and every No Yes. Did you acquire the property cover | 3 years after that for ca | ases f | , | , |

Official Form 106C Schedule C: The Property You Claim as Exempt

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Debtor 1 MARDICK MARCELO DAVILA AGOSTO Case number (if known)

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| Fill in this info | rmation to identify your | case: | | |
|------------------------|--------------------------|--------------------|-----------|-----------------------|
| Debtor 1 | MARDICK MARCI | ELO DAVILA AGOSTO | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States B | ankruptcy Court for the: | DISTRICT OF PUERTO | RICO | |
| Case number (if known) | | | | ☐ Check if this is an |
| | | | | amended filing |

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
 - ■No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 - ☐Yes. Fill in all of the information below.

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| Fill in this information to identify your | case: | | | | |
|---|---|--|---|--|---|
| Debtor 1 MARDICK MARC | ELO DAVILA AGOSTO | | | | |
| First Name | Middle Name | Last Name | | | |
| Debtor 2 (Spouse if, filing) First Name | Middle Name | Last Name | | | |
| | | | | | |
| United States Bankruptcy Court for the: | DISTRICT OF PUERTO RICC |) | | | |
| Case number | | | | | if this is an ed filing |
| Official Form 106E/F | | | | | |
| Schedule E/F: Creditors W | ho Have Unsecured | l Claims | | | 12/15 |
| Be as complete and accurate as possible. Us any executory contracts or unexpired leases Schedule G: Executory Contracts and Unexpi D: Creditors Who Have Claims Secured by Pr the Continuation Page to this page. If you have number (if known). Part 1: List All of Your PRIORITY Ur | that could result in a claim. Also li red Leases (Official Form 106G). D operty. If more space is needed, co re no information to report in a Part | st executory contracts to not include any credi opy the Part you need, | on Schedule A/B: Pro itors with partially sed fill it out, number the | pperty (Official Form cured claims that are entries in the boxes o | 106A/B) and on listed in Schedule on the left. Attach |
| Do any creditors have priority unsecured. | | | | | |
| No. Go to Part 2. | d Claims against you! | | | | |
| Yes. | | | | | |
| 2. List all of your priority unsecured claims identify what type of claim it is. If a claim hat possible, list the claims in alphabetical orders. If more than one creditor holds a particular to the control of the co | s both priority and nonpriority amount ar according to the creditor's name. If | ts, list that claim here an you have more than two | d show both priority and | d nonpriority amounts. | As much as |
| (For an explanation of each type of claim, s | ee the instructions for this form in the | instruction booklet.) | Total claim | Priority amount | Nonpriority amount |
| 2.1 ASUME | Last 4 digits of accou | int number | \$11,000.00 | \$5,026.00 | \$5,974.00 |
| Priority Creditor's Name PO BOX 71414 SAN JUAN, PR 00936-8514 | When was the debt in | icurred? | | - | |
| Number Street City State Zlp Code | As of the date you file | e, the claim is: Check al | ll that apply | | |
| Who incurred the debt? Check one. | Contingent | | | | |
| Debtor 1 only | ■Jnliquidated | | | | |
| Debtor 2 only | Disputed | | | | |
| Debtor 1 and Debtor 2 only | Type of PRIORITY un | secured claim: | | | |
| At least one of the debtors and another | Domestic support ob | oligations | | | |
| Check if this claim is for a communi | <u> </u> | ther debts you owe the go | | | |
| Is the claim subject to offset? | | personal injury while you | were intoxicated | | |
| □Yes | □Other. Specify □ | SO OBLIGATIONS | S | | |
| | | | | | |
| 2.2 HACIENDA | Last 4 digits of accou | nt number | \$2,648.79 | \$2,648.79 | \$0.00 |
| Priority Creditor's Name DEPARTMENTO DE HACIEI PO BOX 9024140 SAN JUAN, PR 00902 | NDA When was the debt in | curred? | | | |
| Number Street City State Zlp Code | As of the date you file | e, the claim is: Check al | ll that apply | | |
| Who incurred the debt? Check one. | Contingent | | | | |
| Debtor 1 only | ■ Unliquidated | | | | |
| Debtor 2 only | Disputed | | | | |
| Debtor 1 and Debtor 2 only | Type of PRIORITY un | | | | |
| ☐At least one of the debtors and another | Domestic support ob | ligations | | | |
| Check if this claim is for a communi | <u> </u> | ther debts you owe the g | | | |
| Is the claim subject to offset? | <u></u> | personal injury while you | were intoxicated | | |
| ■No □Yes | □Other. Specify □ | AXES 2004 TO 20 | 05 | | |

Best Case Bankruptcy

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| Priority Creditor's Name DEPARTMENTO DE HACIENDA PO BOX 9024140 SAN JUAN, PR 00902 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset? No Yes List All of Your NONPRIORITY Uns Debtor 2 only or nonpriority unsecured claims in claim, list the creditor separately for each claim. For creditor holds a particular claim, list the other creditor holds a particular claim, list the other creditor separately for each claim. For creditor holds a particular claim, list the other creditor holds a particular claim is the other creditor holds a particular claim is the other creditor holds and hold hold hold hold hold hold hold hol | AGOSTO | | Case num | nber (if know) | | |
|--|--|--|---|---|--|------------------|
| DEPARTMENTO DE HACIENDA PO BOX 9024140 SAN JUAN, PR 00902 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset? No Yes List All of Your NONPRIORITY Uns 3. Do any creditors have nonpriority unsecured claim, list the oreditor separately for each claim. For creditor holds a particular claim, list the other creditor holds a particular claim, list the other creditor holds a particular claim, list the other creditor Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community d is the claim subject to offset? No Yes Part 3: List Others to Be Notified About a 5. Use this page only if you have others to be notified trying to collect from you for a debt you owe to so more than one creditor for any of the debts that y any debts in Parts 1 or 2, do not fill out or submit Name and Address DTOP PO BOX 41243 | Last 4 digits of | account number | | \$5,430.00 | \$5,430.00 | \$0.00 |
| Number Street City State ZIp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset? No Yes List all of Your NONPRIORITY Uns 3. Do any creditors have nonpriority unsecured claims in claim, list the creditor separately for each claim. For creditor holds a particular claim, list the other creditor holds a particular claim, list of each claim. For creditor holds a particular claim, list of each claim is the claim claim, list the other creditor holds a particular claim, list of each claim claim. For creditor holds a particular claim, list of each claim is the other creditor holds a particular claim, list of each claim. For each claim is the claim claim, list of each claim is the claim and bettor 2 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 3 and Debtor 2 only At least one of the debtors and another Debtor 6 this claim is for a community of list he claim subject to offset? No Dres Part 3: List Others to Be Notified About a 5. Use this page only if you have others to be notified trying to collect from you for a debt you owe to so more than one creditor for any of the debts that y any debts in Parts 1 or 2, do not fill out or submit Name and Address DTOP PO BOX 41243 | When was the d | lebt incurred? | DTOP | | | |
| Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset? No Yes List all of Your NONPRIORITY Uns 3. Do any creditors have nonpriority unsecured claims in claim, list the creditor separately for each claim. For creditor holds a particular claim, list the other creditor holds a particular claim is the other creditor for a not precite the debt of the claim subject to offset? No Pres Part 3: List Others to Be Notified About a studies in Parts 1 or 2, do not fill out or submit Name and Address DTOP PO BOX 41243 | As of the date v | ou file, the claim | is: Check all tha | t apply | | |
| Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset? No Yes List All of Your NONPRIORITY Uns Do any creditors have nonpriority unsecured claims. For each claim. For creditor holds a particular claim, list the other creditor separately for each claim. For creditor holds a particular claim, list the other creditor for any list the claim subject to offset? Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community d ls the claim subject to offset? No Yes Part 3: List Others to Be Notified About a submit submit parts 1 or 2, do not fill out or submit Name and Address DTOP PO BOX 41243 | Contingent | ou me, me ciami | is. Oncor all tha | т аррту | | |
| Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes List All of Your NONPRIORITY Uns 3. Do any creditors have nonpriority unsecured claims in claim, list the creditor separately for each claim. For creditor holds a particular claim, list the other creditor separately for each claim. For creditor holds a particular claim, list the other creditor holds a particular claim. For a community claim is for a community of lebtor 1 only Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community of list he claim subject to offset? No Yes Part 3: List Others to Be Notified About a string to collect from you for a debt you owe to so more than one creditor for any of the debts that y any debts in Parts 1 or 2, do not fill out or submit Name and Address DTOP PO BOX 41243 | □Unliquidated | | | | | |
| Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes List All of Your NONPRIORITY Uns 3. Do any creditors have nonpriority unsecured claims in claim, list the creditor separately for each claim. For creditor holds a particular claim, list the other creditor separately for each claim. For creditor holds a particular claim, list the other creditor holds a particular claim. For example, list the other creditor for another claim subject to offset? Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another check if this claim is for a community of list he claim subject to offset? No Yes Part 3: List Others to Be Notified About a submit subject in Parts 1 or 2, do not fill out or submit Name and Address DTOP PO BOX 41243 | Disputed | | | | | |
| □ Check if this claim is for a community debt is the claim subject to offset? □ No □ Yes Part 2: List All of Your NONPRIORITY Uns 3. Do any creditors have nonpriority unsecured cl □ No. You have nothing to report in this part. Subn □ Yes. 4. List all of your nonpriority unsecured claims in claim, list the creditor separately for each claim. For creditor holds a particular claim, list the other creditor holds a particular claim, list the other creditor. EMPRESAS BERRIOS Nonpriority Creditor's Name APARTADO 674 CIDRA, PR 00739 Number Street City State Zlp Code Who incurred the debt? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 2 only □ Debtor 4 in Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community d is the claim subject to offset? □ No □ Yes Part 3: List Others to Be Notified About a 5. Use this page only if you have others to be notified trying to collect from you for a debt you owe to so more than one creditor for any of the debts that y any debts in Parts 1 or 2, do not fill out or submit Name and Address DTOP PO BOX 41243 | <u> </u> | TY unsecured cla | im: | | | |
| Check if this claim is for a community debt Is the claim subject to offset? No Yes List All of Your NONPRIORITY Unsecured claims in claim, list the creditor separately for each claim. For creditor holds a particular claim, list the other creditor songerity Creditor's Name APARTADO 674 CIDRA, PR 00739 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 and Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community dis the claim subject to offset? No Yes Part 3: List Others to Be Notified About a 5. Use this page only if you have others to be notified trying to collect from you for a debt you owe to so more than one creditor for any of the debts that y any debts in Parts 1 or 2, do not fill out or submit Name and Address DTOP PO BOX 41243 | Domestic supp | | | | | |
| Is the claim subject to offset? No Yes List All of Your NONPRIORITY Unstandard Subject to Subject Subje | | rtain other debts yo | u owo the gover | nmont | | |
| Part 2: List All of Your NONPRIORITY Uns 3. Do any creditors have nonpriority unsecured cl | | ath or personal inju | ū | | | |
| Part 2: List All of Your NONPRIORITY Uns 3. Do any creditors have nonpriority unsecured cl | ☐Other. Specify | | ., , | | | |
| 3. Do any creditors have nonpriority unsecured clams. No. You have nothing to report in this part. Submers 1. Yes. 4. List all of your nonpriority unsecured claims in claim, list the creditor separately for each claim. For creditor holds a particular claim, list the other creditor holds a particular claim, list the other creditor holds a particular claim, list the other creditor. Nonpriority Creditor's Name APARTADO 674 CIDRA, PR 00739 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community description is the claim subject to offset? No Yes Part 3: List Others to Be Notified About a 5. Use this page only if you have others to be notified trying to collect from you for a debt you owe to so more than one creditor for any of the debts that you have and Address DTOP PO BOX 41243 | _Danoi. opeony | ADMINIST 30916037, 31282866, 27404054, 28663892, | 31282861, 3 27418397, 2 28663891, 2 | JLTS 81282863, 31282 80369207, 27404 87427373, 53418 88663717, 43779 87203704, 28109 | 1053, 8, 28784154, 9, 28681078, | |
| 4.1 EMPRESAS BERRIOS Nonpriority Creditor's Name APARTADO 674 CIDRA, PR 00739 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community d Is the claim subject to offset? No Yes Part 3: List Others to Be Notified About a 5. Use this page only if you have others to be notified trying to collect from you for a debt you owe to so more than one creditor for any of the debts that y any debts in Parts 1 or 2, do not fill out or submit Name and Address DTOP PO BOX 41243 | aims against you? iit this form to the court the alphabetical order | of the creditor w | rho holds each (| | | |
| Nonpriority Creditor's Name APARTADO 674 CIDRA, PR 00739 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community d Is the claim subject to offset? No Yes Part 3: List Others to Be Notified About a 5. Use this page only if you have others to be notifie trying to collect from you for a debt you owe to so more than one creditor for any of the debts that y any debts in Parts 1 or 2, do not fill out or submit Name and Address DTOP PO BOX 41243 | tors in Part 3.lf you have | | nonpriority unsec | | | of Part 2. |
| Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community d Is the claim subject to offset? No Yes Part 3: List Others to Be Notified About a 5. Use this page only if you have others to be notifietrying to collect from you for a debt you owe to so more than one creditor for any of the debts that y any debts in Parts 1 or 2, do not fill out or submit Name and Address DTOP PO BOX 41243 | | e debt incurred? | | | | , |
| Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community d Is the claim subject to offset? No Yes Part 3: List Others to Be Notified About a 5. Use this page only if you have others to be notified trying to collect from you for a debt you owe to so more than one creditor for any of the debts that y any debts in Parts 1 or 2, do not fill out or submit Name and Address DTOP PO BOX 41243 | As of the dat | e you file, the cla | im is: Check all | that apply | | |
| Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community d Is the claim subject to offset? No Yes Part 3: List Others to Be Notified About a 5. Use this page only if you have others to be notified trying to collect from you for a debt you owe to so more than one creditor for any of the debts that y any debts in Parts 1 or 2, do not fill out or submit Name and Address DTOP PO BOX 41243 | _ | | | | | |
| Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community d Is the claim subject to offset? No Yes Part 3: List Others to Be Notified About a 5. Use this page only if you have others to be notified trying to collect from you for a debt you owe to so more than one creditor for any of the debts that y any debts in Parts 1 or 2, do not fill out or submit Name and Address DTOP PO BOX 41243 | Contingent | | | | | |
| At least one of the debtors and another Check if this claim is for a community d Is the claim subject to offset? No Yes List Others to Be Notified About a 5. Use this page only if you have others to be notified trying to collect from you for a debt you owe to so more than one creditor for any of the debts that y any debts in Parts 1 or 2, do not fill out or submit Name and Address DTOP PO BOX 41243 | □Unliquidated | a | | | | |
| Check if this claim is for a community d Is the claim subject to offset? No Yes List Others to Be Notified About a 5. Use this page only if you have others to be notified trying to collect from you for a debt you owe to so more than one creditor for any of the debts that y any debts in Parts 1 or 2, do not fill out or submit Name and Address DTOP PO BOX 41243 | ☐Disputed Type of NON | PRIORITY unsec | ured claim: | | | |
| Is the claim subject to offset? No Yes Part 3: List Others to Be Notified About a 5. Use this page only if you have others to be notified trying to collect from you for a debt you owe to so more than one creditor for any of the debts that you any debts in Parts 1 or 2, do not fill out or submit Name and Address DTOP PO BOX 41243 | ☐Student loa | | aroa olaliii. | | | |
| Part 3: List Others to Be Notified About a 5. Use this page only if you have others to be notified trying to collect from you for a debt you owe to so more than one creditor for any of the debts that you any debts in Parts 1 or 2, do not fill out or submit Name and Address DTOP PO BOX 41243 | ·. = | arising out of a se | paration agreem | ent or divorce that you | u did not | |
| Part 3: List Others to Be Notified About a 5. Use this page only if you have others to be notified trying to collect from you for a debt you owe to so more than one creditor for any of the debts that you any debts in Parts 1 or 2, do not fill out or submit Name and Address DTOP PO BOX 41243 | Debts to pe | ension or profit-sha | ring plans, and o | ther similar debts | | |
| 5. Use this page only if you have others to be notified trying to collect from you for a debt you owe to so more than one creditor for any of the debts that you any debts in Parts 1 or 2, do not fill out or submit Name and Address DTOP PO BOX 41243 | Other. Spec | cify HOUSEI | HOLD GOOD | os | | |
| | d about your bankrupto meone else, list the or ou listed in Parts 1 or 2 | ccy, for a debt tha riginal creditor in 2, list the addition art 1 or Part 2 did one): | Parts 1 or 2, the nal creditors here you list the origin Part 1: Cred | en list the collection re. If you do not have | agency here. Simila e additional persons ecured Claims | rly, if you have |
| Name and Address SRA IVETTE ORTIZ GARCIA APARTADO 170 | On which entry in Pa | | Part 1: Cred | nal creditor? litors with Priority Uns | | |

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| Debtor 1 | MARDICK MARCELO DAVILA AGOSTO | Case number (if know) | |
|----------|-------------------------------|-----------------------|--|
| | | | |

SAN LORENZO, PR 00754

Last 4 digits of account number

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | Total cla | im |
|-------------|-----|---|-----|-------------|-----------|
| | 6a. | Domestic support obligations | 6a. | \$ | 11,000.00 |
| otal claims | 01 | T | 01 | | |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ | 8,078.79 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ | 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ | 0.00 |
| | 6e. | Total. Add lines 6a through 6d. | 6e. | \$ | 19,078.79 |
| | | | | Total Claim | |
| | 6f. | Student loans | 6f. | \$ | 0.00 |
| otal claims | | | | · · | |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ | 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ | 2,128.00 |
| | 6j. | Total. Add lines 6f through 6i. | 6j. | \$ | 2.128.00 |

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| Fill in this info | rmation to identify your | case: | | |
|------------------------|--------------------------|--------------------|-----------|-----------------------|
| Debtor 1 | MARDICK MARCI | ELO DAVILA AGOSTO | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States B | ankruptcy Court for the: | DISTRICT OF PUERTO | RICO | |
| Case number (if known) | | | | ☐ Check if this is an |
| | | | | amended filing |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ■No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or | company with | whom you have the r, Street, City, State and ZIP C | contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|---|-------------------|---|
| 2.1 | | | | | |
| | Name | | | | _ |
| | | | | | |
| | Number | Street | | | _ |
| | Number | Olleet | | | |
| | City | | State | ZIP Code | _ |
| 2.2 | | | | | |
| | Name | | | | |
| | | | | | |
| | Number | Street | | | _ |
| | Number | Olicci | | | |
| | City | | State | ZIP Code | |
| 2.3 | | | | | |
| | Name | | | | |
| | | | | | |
| | - L | 0, , | | | _ |
| | Number | Street | | | |
| | City | | State | ZIP Code | _ |
| 2.4 | Oity | | Otate | Zii Code | |
| ۷.٦ | Name | | | | _ |
| | Name | | | | |
| | | | | | <u>_</u> |
| | Number | Street | | | |
| | 01: | | | 7100 | _ |
| | City | | State | ZIP Code | |
| 2.5 | | | | | _ |
| | Name | | | | |
| | | | | | |
| | Number | Street | | | _ |
| | | | | | |
| | City | | State | ZIP Code | |

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| Dobtor 1 | MADDICK MADC | ELO DAVILA ACOSTO | | | |
|--|--|---|---|--|---|
| Debtor 1 | First Name | ELO DAVILA AGOSTO Middle Name | Last Name | | |
| Debtor 2 | First Name | Middle Name | Loot Nome | | |
| Spouse if, filing) | First Name | | Last Name | | |
| Jnited States E | Sankruptcy Court for the: | DISTRICT OF PUERTO | RICO | | |
| Case number | | | | | — Chaolaif this is an |
| ii kilowii) | | | | | ☐ Check if this is an amended filing |
| >4: -: - I = | 40011 | | | | |
| | orm 106H | -14 | | | |
| cnedule | H: Your Cod | eptors | | | 12/1 |
| Il it out, and n | umber the entries in the | | h the Additional Page | | needed, copy the Additional Pa p of any Additional Pages, writ |
| 1. Do you | have any codebtors? (If | you are filing a joint case, | do not list either spous | e as a codebtor. | |
| ■No | | | | | |
| □Yes | | | | | |
| 2. Within t | he last 8 years, have you | u lived in a community p | roperty state or territo | rv? (Community proper | ty states and territories include |
| | | | | | ly states and territories include |
| Anzona, Co | alifornia, Idaho, Louisiana | , Nevada, New Mexico, Pu | | | |
| ■No. Go to | | , Nevada, New Mexico, Pu | | | |
| ■No. Go to | o line 3. | , Nevada, New Mexico, Pu se, or legal equivalent live | erto Rico, Texas, Wasl | | |
| ■No. Go to | o line 3. | | erto Rico, Texas, Wasl | | |
| ■No. Go to □Yes. Did 3. In Column | o line 3. your spouse, former spou 1, list all of your codeb | se, or legal equivalent live | with you at the time? | nington, and Wisconsin. | ng with you. List the person sh |
| ■No. Go to □Yes. Did 3. In Column in line 2 ag Form 1060 | o line 3. your spouse, former spou 1, list all of your codeb gain as a codebtor only i), Schedule E/F (Officia | se, or legal equivalent live tors. Do not include your if that person is a guarar | with you at the time? spouse as a codebtoator or cosigner. Make | nington, and Wisconsin. or if your spouse is filir e sure you have listed t | ng with you. List the person sh he creditor on Schedule D (Off |
| ■No. Go to □Yes. Did 3. In Column in line 2 ag | o line 3. your spouse, former spou 1, list all of your codeb gain as a codebtor only i), Schedule E/F (Officia | se, or legal equivalent live tors. Do not include your if that person is a guarar | with you at the time? spouse as a codebtoator or cosigner. Make | or if your spouse is filing sure you have listed to the office of the original to the original | ng with you. List the person sh he creditor on Schedule D (Off , Schedule E/F, or Schedule G |
| No. Go to Yes. Did Yes. Did Yes. Did Yes. Did Yes. Did Yes. Did Yes. Tolumn in line 2 ag Form 106E fill out Column | o line 3. your spouse, former spou 1, list all of your codeb gain as a codebtor only i), Schedule E/F (Officia | se, or legal equivalent live tors. Do not include you if that person is a guarar I Form 106E/F), or Sched | with you at the time? spouse as a codebtoator or cosigner. Make | or if your spouse is filing sure you have listed to obe. Column 2: The cree | ng with you. List the person sh he creditor on Schedule D (Off , Schedule E/F, or Schedule G |
| No. Go to Yes. Did Ye | o line 3. your spouse, former spouse, 1, list all of your codebout as a codebtor only in 50, Schedule E/F (Official umn 2. | se, or legal equivalent live tors. Do not include you if that person is a guarar I Form 106E/F), or Sched | with you at the time? spouse as a codebtoator or cosigner. Make | or if your spouse is filing sure you have listed to the column 2: The creating the column 2: The creat | ng with you. List the person shi he creditor on Schedule D (Off , Schedule E/F, or Schedule G editor to whom you owe the del es that apply: |
| No. Go to Yes. Did Yes. Did Yes. Did Yes. Did Yes. Did Yes. Did Yes. Tolumn in line 2 ag Form 106E fill out Column | o line 3. your spouse, former spouse, 1, list all of your codebout as a codebtor only in 50, Schedule E/F (Official umn 2. | se, or legal equivalent live tors. Do not include you if that person is a guarar I Form 106E/F), or Sched | with you at the time? spouse as a codebtoator or cosigner. Make | or if your spouse is filing to sure you have listed to the column 2: The cree Check all schedule D. | ng with you. List the person ships the creditor on Schedule D (Offing Schedule E/F, or Schedule Golden to whom you owe the desent that apply: |
| No. Go to Yes. Did yes. Did yes. Did yes. Did yes. Did yes. The yes. The yes. The yes. Did ye | o line 3. your spouse, former spouse, 1, list all of your codebout as a codebtor only in 50, Schedule E/F (Official umn 2. | se, or legal equivalent live tors. Do not include you if that person is a guarar I Form 106E/F), or Sched | with you at the time? spouse as a codebtoator or cosigner. Make | or if your spouse is filing sure you have listed to the column 2: The creating the column 2: The creat | ng with you. List the person sha he creditor on Schedule D (Off , Schedule E/F, or Schedule G editor to whom you owe the del es that apply: |
| No. Go to Yes. Did ye | o line 3. your spouse, former spou 1, list all of your codeby gain as a codebtor only), Schedule E/F (Officia umn 2. mn 1: Your codebtor Number, Street, City, State and Z | se, or legal equivalent live tors. Do not include you if that person is a guarar I Form 106E/F), or Sched | with you at the time? spouse as a codebtoator or cosigner. Make | or if your spouse is filing sure you have listed to 106G). Use Schedule D. Column 2: The cree Check all schedule Schedule D, line | ng with you. List the person ships the creditor on Schedule D (Offine Schedule E/F, or Schedule Good on the december of the stat apply: |
| No. Go to Yes. Did yes. Did yes. Did yes. Did yes. Did yes. The yes. The yes. The yes. Did ye | o line 3. your spouse, former spou 1, list all of your codeby gain as a codebtor only), Schedule E/F (Officia umn 2. mn 1: Your codebtor Number, Street, City, State and Z | se, or legal equivalent live tors. Do not include you if that person is a guarar I Form 106E/F), or Sched | with you at the time? spouse as a codebtoator or cosigner. Make | or if your spouse is filing sure you have listed to 106G). Use Schedule D. Column 2: The cree Check all schedule Schedule D, line | ng with you. List the person ships the creditor on Schedule D (Offine Schedule E/F, or Schedule Good on the december of the stat apply: |
| No. Go to Yes. Did ye | o line 3. your spouse, former spou 1, list all of your codeby gain as a codebtor only), Schedule E/F (Officia umn 2. mn 1: Your codebtor Number, Street, City, State and Z | se, or legal equivalent live tors. Do not include your if that person is a guarar I Form 106E/F), or Sched | with you at the time? spouse as a codebto ntor or cosigner. Make | or if your spouse is filing sure you have listed to 106G). Use Schedule D. Column 2: The cree Check all schedule Schedule D, line | ng with you. List the person sha he creditor on Schedule D (Off , Schedule E/F, or Schedule G editor to whom you owe the del es that apply: |
| No. Go to Yes. Did ye | o line 3. your spouse, former spou 1, list all of your codeb gain as a codebtor only i 0), Schedule E/F (Officia umn 2. mn 1: Your codebtor Number, Street, City, State and Z | se, or legal equivalent live tors. Do not include your if that person is a guarar I Form 106E/F), or Sched | with you at the time? spouse as a codebto ntor or cosigner. Make | or if your spouse is filing a sure you have listed to 06G). Use Schedule D. Column 2: The cree Check all schedule Schedule D, line Schedule G, line | ng with you. List the person she he creditor on Schedule D (Off , Schedule E/F, or Schedule G editor to whom you owe the deless that apply: |
| No. Go to Yes. Did ye | o line 3. your spouse, former spou 1, list all of your codeb gain as a codebtor only i 0), Schedule E/F (Officia umn 2. mn 1: Your codebtor Number, Street, City, State and Z | se, or legal equivalent live tors. Do not include your if that person is a guarar I Form 106E/F), or Sched | with you at the time? spouse as a codebto ntor or cosigner. Make | or if your spouse is filing a sure you have listed to 06G). Use Schedule D. Column 2: The cree Check all schedule Schedule D, line Schedule G, line Schedule D, line Schedule D, line | ng with you. List the person ships creditor on Schedule D (Office Schedule E/F, or Schedule Great to whom you owe the design that apply: |
| No. Go to Yes. Did ye | o line 3. your spouse, former spou 1, list all of your codeb gain as a codebtor only i 0), Schedule E/F (Officia umn 2. mn 1: Your codebtor Number, Street, City, State and Z | se, or legal equivalent live tors. Do not include your if that person is a guarar I Form 106E/F), or Sched | with you at the time? spouse as a codebto ntor or cosigner. Make | or if your spouse is filing a sure you have listed to 06G). Use Schedule D. Column 2: The cree Check all schedule Schedule D, line Schedule G, line | ng with you. List the person she he creditor on Schedule D (Off Schedule E/F, or Schedule G seditor to whom you owe the desthat apply: |

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| Fill | in this information to identify your c | ase: | | | | | | | | |
|--------------------|--|--|--|--------------------|----------------|------------------------------|--|------------------------|---------------------------------|---------------|
| Del | otor 1 MARDICK M | ARCELO DAVILA AG | OSTO | | | | | | | |
| _ | otor 2 ouse, if filing) | | | | _ | | | | | |
| Uni | ted States Bankruptcy Court for the | : DISTRICT OF PUER | TO RICO | | | | | | | |
| (If ki | Official Form 106I | | | | | | Check if this is: An amended filing A supplement showing postpetition chapter 13 income as of the following date: MM / DD/ YYYY | | | |
| _ | chedule I: Your Inc | | | IVIIVI / I | י איז /טט | r Y | | 12/15 | | |
| sup spo atta | as complete and accurate as possiblying correct information. If you use. If you are separated and you ch a separate sheet to this form. Describe Employment | are married and not fili r spouse is not filing w | ng jointly, and your s ith you, do not includ | spouse de infor | is liv mati | ing with you on about you | ı, includ ur spou | le inform se. If mo | nation about y re space is n | our eeded, |
| 1. | Fill in your employment information. | | Debtor 1 | | | Dek | otor 2 o | r non-fili | ng spouse | |
| | If you have more than one job, | Employment status | ■ Employed | | | Œ | mployed | t | | |
| | attach a separate page with information about additional | Employment status | ■Not employed | t employed | | | lot empl | oyed | | |
| | employers. | Occupation | SALES REPRES | ENTA | ΊVΕ | | | | | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | TOLIC INSURAN | CE | | | | | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | | | | | | | | |
| | | How long employed t | here? 2 YEAR | S | | | | | | |
| Pai | t 2: Give Details About Mor | nthly Income | | | | | | | | |
| | mate monthly income as of the duse unless you are separated. | ate you file this form. If | you have nothing to re | eport for | any | line, write \$0 | in the s | pace. Incl | lude your non- | filing |
| | ou or your non-filing spouse have mo e space, attach a separate sheet to | | ombine the information | n for all | empl | oyers for that | person | on the lin | nes below. If yo | ou need |
| | | | | | | For Debtor | - | For Debt | or 2 or g spouse | |
| 2. | List monthly gross wages, sala deductions). If not paid monthly, | | | 2. | \$ | 0 | .00 | \$ | N/A | |
| 3. | Estimate and list monthly overt | ime pay. | | 3. | +\$ | 0 | .00 | +\$ | N/A | |

Official Form 106I Schedule I: Your Income page 1

Calculate gross Income. Add line 2 + line 3.

0.00

\$

N/A

| Deb | tor 1 | MARDICK MARCELO DAVILA AGOSTO | _ | Case | number (<i>if known</i>) | | | |
|-----|---------------|--|----------|------|----------------------------|-------|-----------------------|----------|
| | | | | For | Debtor 1 | For D | Debtor 2 or | |
| | | | | | | | filing spouse | |
| | Copy | y line 4 here | 4. | \$ | 0.00 | \$ | N/A | |
| 5. | List | all payroll deductions: | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a. | \$ | 0.00 | \$ | N/A | |
| | 5b. | Mandatory contributions for retirement plans | 5b. | \$ | 0.00 | \$ | N/A | |
| | 5c. | Voluntary contributions for retirement plans | 5c. | \$ | 0.00 | \$ | N/A | |
| | 5d. | Required repayments of retirement fund loans | 5d. | \$ | 0.00 | \$ | N/A | |
| | 5e. | Insurance | 5e. | \$ | 0.00 | \$ | N/A | |
| | 5f. | Domestic support obligations | 5f. | \$_ | 0.00 | | N/A | |
| | 5g. | Union dues | 5g. | \$_ | 0.00 | | N/A | |
| _ | 5h. | Other deductions. Specify: | 5h.+ | · — | 0.00 | | N/A | |
| 6. | | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | \$_ | 0.00 | | N/A | |
| 7. | | ulate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ | 0.00 | \$ | N/A | |
| 8. | List 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total | | | | | | |
| | | monthly net income. | 8a. | \$ | 1,100.00 | \$ | N/A | |
| | 8b. | Interest and dividends | 8b. | \$ | 0.00 | - : | N/A | |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive | t | | | | | |
| | | Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. | \$ | 0.00 | \$ | N/A | |
| | 8d. | Unemployment compensation | 8d. | \$_ | 0.00 | | N/A | |
| | 8e. | Social Security | 8e. | \$ | 0.00 | | N/A | |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | e 8f. | \$ | 0.00 | \$ | N/A | |
| | 8g. | Pension or retirement income | 8g. | \$ | 0.00 | \$ | N/A | |
| | 8h. | Other monthly income. Specify: Relative Help | 8h.+ | \$ | 350.00 | + \$ | N/A | |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | 1,450.00 | \$ | N/A | |
| 10 | Calc | ulate monthly income. Add line 7 + line 9. | 10. \$ | | 1,450.00 + \$ | | N/A = \$ | 1,450.00 |
| | | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | ν. Ψ | | 1,430.00 | | <u> </u> | 1,400.00 |
| 11. | Inclu othe | e all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, you r friends or relatives. ot include any amounts already included in lines 2-10 or amounts that are not cify: | r depen | | | , | chedule J. 11. +\$ | 0.00 |
| 12. | | the amount in the last column of line 10 to the amount in line 11. The ree that amount on the Summary of Schedules and Statistical Summary of Certales | | | | | | 1,450.00 |
| 13. | Do v | ou expect an increase or decrease within the year after you file this form | 1? | | | | monthly | income |
| | | No. | | | | | | |
| | | Yes. Explain: | | | | | | |

Official Form 106I Schedule I: Your Income page 2

| | | | | | | • | | | |
|------------|----------------------------|-------------------------------------|------------------------|---|---|-------------|---------|--------------------|-------------------------------|
| | in this informa | ation to identify yo | our case: | | | | | | |
| Deb | otor 1 | MARDICK M | ARCELO | DAVILA AGOSTO | | Ch | eck if | this is: | |
| | | | | | | | | amended filing | |
| 1 | otor 2 | | | | | | | | wing postpetition chapte |
| (Spo | ouse, if filing) | | | | | | 13 e | expenses as of | the following date: |
| Unit | ed States Bankr | ruptcy Court for the: | DISTRI | CT OF PUERTO RICO | | | MM | / DD / YYYY | |
| Cas | e number | | | | | | | | |
| (If kı | nown) | | | | | | | | |
| O | fficial Fo | rm 106J | | | | - | | | |
| | | J: Your | Exper | nses | | | | | 12 |
| Be info | as complete ormation. If m | and accurate as | possible eded, atta | . If two married people a ach another sheet to this | | | | | |
| | | ribe Your House | hold | | | | | | |
| 1. | Is this a joir | | | | | | | | |
| | No. Go to | | | | | | | | |
| | ∐Yes. Does | Debtor 2 live in | n a separa | te household? | | | | | |
| | □No □Ye | | file Officia | al Form 106J-2, <i>Expense</i> s | for Separate House | ehold of De | ebtor 2 | | |
| 2. | Do you have | e dependents? | ■No | | | | | | |
| | Do not list D and Debtor 2 | | □Yes. | Fill out this information for each dependent | Dependent's relati Debtor 1 or Debto | | | Dependent's age | Does dependent live with you? |
| | Do not state dependents | | | | | | | | □No |
| | асрепастьз | names. | | | | | | | ∐Yes □No |
| | | | | | | | | | ∐Yes |
| | | | | | | | | | □No |
| | | | | | | | | | □Yes |
| | | | | | | | | | □No |
| | | | | | | | | | Yes |
| 3. | | penses include | | No | | | | | |
| | | f people other ti d your depende | | Yes | | | | | |
| | yoursen and | u your depende | iiio r | | | | | | |
| Par | | ate Your Ongoi | | | | | | | |
| exp | | | | uptcy filing date unless y cy is filed. If this is a sup | | | | | |
| | | | | | | | | | |
| | | | | government assistance cluded it on Schedule I: | | | | | |
| | ficial Form 10 | | a nave m | cidaca it on ocheane i. | rour income | | | Your exp | enses |
| • | | · | | | | | | | |
| 4. | | or home owners | | nses for your residence. | nclude first mortgag | je 4. | \$ | | 0.00 |
| | | ded in line 4: | . g. 5 a. i a. i | · · · · · · | | | _ | | |
| | | | | | | | | | |
| | | estate taxes | | da (a.aa | | 4a. | . — | | 0.00 |
| | • | rty, homeowner's | | r's insurance upkeep expenses | | 4b. 4c. | . — | | 0.00 |
| | | owner's associat | | | | 4d. | : — | | 0.00 |
| 5. | | | | our residence, such as ho | me equity loans | 5. | | | 0.00 |

| ebtor 1 | MARDICK MARCELO DAVILA AGOSTO | Case number (if known) | |
|---------|--|------------------------|----------------------------|
| . Utili | ities: | | |
| 6a. | Electricity, heat, natural gas | 6a. \$ | 0.00 |
| 6b. | Water, sewer, garbage collection | 6b. \$ | 0.00 |
| 6c. | Telephone, cell phone, Internet, satellite, and cable services | 6c. \$ | 0.00 |
| 6d. | Other. Specify: MOBILE | 6d. \$ | 50.00 |
| Foo | od and housekeeping supplies | 7. \$ | 150.00 |
| Chil | Idcare and children's education costs | 8. \$ | 0.00 |
| Clo | thing, laundry, and dry cleaning | 9. \$ | 40.00 |
| . Per | sonal care products and services | 10. \$ | 0.00 |
| | dical and dental expenses | 11. \$ | 10.00 |
| . Trai | nsportation. Include gas, maintenance, bus or train fare. | · - | |
| | not include car payments. | 12. \$ | 100.00 |
| . Ente | ertainment, clubs, recreation, newspapers, magazines, and books | 13. \$ | 0.00 |
| . Cha | aritable contributions and religious donations | 14. \$ | 0.00 |
| . Insu | urance. | | |
| | not include insurance deducted from your pay or included in lines 4 or 2 | | |
| 15a | . Life insurance | 15a. \$ | 0.00 |
| 15b | . Health insurance | 15b. \$ | 0.00 |
| 15c. | :. Vehicle insurance | 15c. \$ | 0.00 |
| 15d | I. Other insurance. Specify: | 15d. \$ | 0.00 |
| . Tax | res. Do not include taxes deducted from your pay or included in lines 4 c | r 20. | |
| Spe | ecify: | 16. \$ | 0.00 |
| | tallment or lease payments: | 470 °C | 0.00 |
| | . Car payments for Vehicle 1 | 17a. \$ | 0.00 |
| | c. Car payments for Vehicle 2 | 17b. \$ | 0.00 |
| | . Other. Specify: | 17c. \$ | 0.00 |
| | I. Other. Specify: | 17d. \$ | 0.00 |
| | ur payments of alimony, maintenance, and support that you did not ducted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Fo | | 650.00 |
| | her payments you make to support others who do not live with you. | \$ | 0.00 |
| | ecify: | 19. | 0.00 |
| | ner real property expenses not included in lines 4 or 5 of this form of | | |
| | . Mortgages on other property | 20a. \$ | 0.00 |
| | o. Real estate taxes | 20b. \$ | 0.00 |
| | . Property, homeowner's, or renter's insurance | 20c. \$ | 0.00 |
| | I. Maintenance, repair, and upkeep expenses | 20d. \$ | 0.00 |
| | e. Homeowner's association or condominium dues | 20e. \$ | 0.00 |
| | | 20c. ψ 21. +\$ | |
| | er: Specify: Lunch | Ζ1. +Φ | 100.00 |
| | culate your monthly expenses | | |
| | a. Add lines 4 through 21. | \$ | 1,100.00 |
| 22b | c. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form | n 106J-2 \$ | |
| 22c. | . Add line 22a and 22b. The result is your monthly expenses. | \$ | 1,100.00 |
| | culate your monthly net income. | | |
| | . Copy line 12 (your combined monthly income) from Schedule I. | 23a. \$ | 1,450.00 |
| | Copy your monthly expenses from line 22c above. | 23b\$ | |
| 230 | . Copy your monthly expenses northline 220 above. | Δ3DΦ | 1,100.00 |
| 23c. | Subtract your monthly expenses from your monthly income. | | 252.22 |
| | The result is your monthly net income. | 23c. \\$ | 350.00 |
| For e | you expect an increase or decrease in your expenses within the year example, do you expect to finish paying for your car loan within the year or do you elification to the terms of your mortgage? | | e or decrease because of a |
| N | | | |
| □Y€ | es. Explain here: | | |

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| Fill in this inform | ation to identify your | case: | | | | | | |
|---|--|---------------------------------|-----------------------------------|---|--|--|--|--|
| Debtor 1 | MARDICK MARCI | ELO DAVILA AGOSTO | | | | | | |
| | First Name | Middle Name | Last Name | - | | | | |
| Debtor 2 | E: AN | | | _ | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | | | | |
| United States Ban | kruptcy Court for the: | DISTRICT OF PUERTO RICO | | _ | | | | |
| 0 | | | | | | | | |
| Case number | | | | ☐ Check if this is an | | | | |
| (************************************** | | | | amended filing | | | | |
| 1 | | | | | | | | |
| | | | | | | | | |
| Official Form | 106Dec | | | | | | | |
| - | | n Individual Dal | btor's Schedules | | | | | |
| Deciarati | on About a | ili iliulviduai Dei | otor s Scriedules | 12/15 | | | | |
| If two married ped | ople are filing togethe | r, both are equally responsible | for supplying correct informatio | n. | | | | |
| obtaining money | | n connection with a bankruptcy | | e statement, concealing property, or 250,000, or imprisonment for up to 20 | | | | |
| Sign | Below | | | | | | | |
| Did you pay | or agree to pay some | one who is NOT an attorney to | help you fill out bankruptcy form | ns? | | | | |
| ■ No | | | | | | | | |
| ☐ Yes. Na | Yes. Name of person Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) | | | | | | | |
| | | | Decia | radon, and Signature (Official Foffit 119) | | | | |
| | Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. | | | | | | | |

Signature of Debtor 2

X /s/ MARDICK MARCELO DAVILA AGOSTO

MARDICK MARCELO DAVILA AGOSTO

Signature of Debtor 1

Date **January 29, 2016**

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| Fill | in this ir | nformation to identify you | ır case: | | | |
|---------|--------------------------|-------------------------------|--|---|--|---|
| Deb | tor 1 | MARDICK MAR | CELO DAVILA AGOSTO | | | |
| | | First Name | Middle Name | Last Name | | |
| | tor 2 use if, filing) | First Name | Middle Name | Last Name | | |
| Unit | ed State | s Bankruptcy Court for the: | DISTRICT OF PUERTO | RICO | | |
| Cas | e numbe | r | | | | |
| (if kno | own) | | | | | Check if this is an amended filing |
| | | | | | | |
| | | Form 107 | | | | |
| Sta | teme | ent of Financial | Affairs for Individ | duals Filing for B | ankruptcy | 12/1 |
| | | | ible. If two married people a strach a separate sheet to | | | |
| num | ber (if kı | nown). Answer every que | stion. | · | | |
| Part | 1: G | ve Details About Your Ma | arital Status and Where You | u Lived Before | | |
| 1. | What is | your current marital state | us? | | | |
| | ☐ Ma | rried | | | | |
| | ■ Not | married | | | | |
| 2. | During t | he last 3 years, have you | lived anywhere other than | where you live now? | | |
| | ■ No | | | | | |
| | ☐ Yes | s. List all of the places you | lived in the last 3 years. Do n | ot include where you live no | W. | |
| | Debtor | 1 Prior Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ad | ldress: | Dates Debtor 2 lived there |
| | | | ver live with a spouse or le alifornia, Idaho, Louisiana, Ne | | | |
| | ■ No | | | | | |
| | ☐ Yes | s. Make sure you fill out Sc | hedule H: Your Codebtors (O | fficial Form 106H). | | |
| Part | 2 Ex | plain the Sources of You | ır Income | | | |
| 4. | Did you | have any income from or | mployment or from operatir | ng a husiness during this v | ear or the two provious ca | ulandar vaars? |
| | Fill in the | total amount of income yo | ou received from all jobs and have income that you received that you received the control of the | all businesses, including par | t-time activities. | nenual years: |
| | ■ No | | | | | |
| | | s. Fill in the details. | | | | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | | | | , | | , |

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| Debtor 1 | MA | RDICK M | ARCELO D | AVILA A | GOSTO | | Cas | se number (if known) | | |
|----------------------|--------------|---------------------------|----------------------------------|---------------------------------|--|------------------------------|---|--|---|---|
| | | | | | | | | | | |
| Inclu uner | ide inc | ome regard nent, and o | dless of wheth ther public be | ner that inc enefit payn | come is taxable. I nents; pensions; | Examples on rental incor | us calendar years of other income are ne; interest; dividen income that you re- | alimony; child sup nds; money collect | ed from laws | suits; royalties; and |
| List e | each s | ource and | the gross inco | ome from o | each source sepa | arately. Do | not include income | that you listed in li | ine 4. | |
| _ | | | J | | · | , | | • | | |
| ■ | No Yes. F | Fill in the de | etails. | | | | | | | |
| _ | | | | 514 | | | | 5.17 | | |
| | | | | Debtor 1 Sources Describe | of income | | s income e deductions and sions) | Sources of inc Describe below | | Gross income (before deductions and exclusions) |
| | | 1 of curre led for bai | nt year until nkruptcy: | Self Em | ployment | | \$1,100.00 | | | , |
| For last (January | | | 31, 2015) | Self Em | ployment | | \$13,200.00 | | | |
| | | ar year be December | fore that: 31, 2014) | Self Em | ployment | | \$13,200.00 | | | |
| Part 3: | | | | | fore You Filed for | | | | | |
| | No. | Neither D | ebtor 1 nor D | ebtor 2 h | - | nsumer del | ots. Consumer deb | ots are defined in 1 | 1 U.S.C. § 1 | 01(8) as "incurred by an |
| | | During the | 90 days befo | re you file | d for bankruptcy, | , did you pa | y any creditor a tot | al of \$6,225* or mo | ore? | |
| | | □ No. | Go to line 7 | | | | | | | |
| | | ☐ Yes | paid that cr not include | editor. Do payments | not include paym to an attorney fo | nents for do or this bank | mestic support obluptcy case. | igations, such as c | hild support | the total amount you and alimony. Also, do |
| | | * Subject | to adjustmen | t on 4/01/1 | 6 and every 3 ye | ears after th | at for cases filed o | n or after the date | of adjustme | nt. |
| | Yes. | | | | ve primarily cor d for bankruptcy | | ots. y any creditor a tot | al of \$600 or more | ? | |
| | | □ No. | Go to line 7 | , <u></u> | | | | | | |
| | | ■ Yes | include pay | ments for | | | of \$600 or more ar s, such as child su | | | at creditor. Do not tinclude payments to |
| Cre | ditor's | Name an | d Address | | Dates of payr | nent | Total amount paid | Amount you still owe | Was this | payment for |
| SE | E LIS | T OF CRE | EDITORS | | | | \$0.00 | \$0.00 | ☐Mortgag☐Car☐Credit C☐Loan Re☐Suppliel☐Other☐ | Card |

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| Del | btor 1 MARDICK MARCELO DAVILA A | Case number (if known) | | | | | |
|---|--|---|---|---|-----------------------------------|-----------------------------------|--|
| | | | | | | | |
| 7. | Within 1 year before you filed for bankrup <i>Insiders</i> include your relatives; any general p corporations of which you are an officer, dire including one for a business you operate as support and alimony. | partners; relatives of any gen ctor, person in control, or o | neral partners; partners, wher of 20% or more | erships of which your of their voting sec | ou are a gener curities; and a | al partner; ny managing agent, | |
| | ■ No□ Yes. List all payments to an insider | | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for | this payment | |
| 8. | Within 1 year before you filed for bankrup insider? Include payments on debts guaranteed or co | | ments or transfer a | any property on a | ccount of a d | ebt that benefited an | |
| | NoYes. List all payments to an insider | | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | | | |
| Par | rt 4: Identify Legal Actions, Repossession | ons, and Foreclosures | Para | | | | |
| 9. Within 1 year before you filed for bankruptcy, were you a party in an List all such matters, including personal injury cases, small claims action modifications, and contract disputes. No Yes. Fill in the details. | | | | | | | |
| | Case title Case number | Nature of the case | Court or agency | | Status of th | ne case | |
| 10. | Within 1 year before you filed for bankrup Check all that apply and fill in the details belo ■ No □ Yes. Fill in the information below. | | erty repossessed, f | oreclosed, garnis | shed, attache | d, seized, or levied? | |
| | Creditor Name and Address | Describe the Property | | Date | | | |
| | | Explain what happene | d | | | property | |
| 11. | Within 90 days before you filed for bankru accounts or refuse to make a payment be No Yes. Fill in the details. | | cluding a bank or fi | nancial institutio | n, set off any | amounts from your | |
| | Creditor Name and Address | Describe the action the | e creditor took | Date taken | action was | Amount | |
| 12. | Within 1 year before you filed for bankrup court-appointed receiver, a custodian, or | | erty in the possess | ion of an assigne | e for the ben | efit of creditors, a | |
| | Yes | | | | | | |
| Par | rt 5: List Certain Gifts and Contributions | 3 | | | | | |
| 13. | Within 2 years before you filed for bankru ■ No □ Yes. Fill in the details for each gift. Ciffo with a total value of more than \$500. | | | | | | |
| | Gifts with a total value of more than \$600 per person | Describe the gifts | | the g | s you gave ifts | Value | |
| | Person to Whom You Gave the Gift and Address: | | | | | | |

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| Deb | otor 1 MARDICK MARCELO DAVIL | A AGOSTO | | Case number (| if known) | |
|-----|--|---|---|------------------|--|------------------------------|
| | | | | | | |
| 14. | Within 2 years before you filed for bank No Yes. Fill in the details for each gift or | | jive any gifts or contributi | ions with a tota | I value of more than | s \$600 to any charity |
| | Gifts or contributions to charities that more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Co | total Descri | be what you contributed | | Dates you contributed | Value |
| Par | tt 6: List Certain Losses | | | | | |
| 15. | Within 1 year before you filed for bank disaster, or gambling? | ruptcy or since yo | ou filed for bankruptcy, die | d you lose anyt | hing because of the | ft, fire, other |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Describe the property you lost and how the loss occurred | Include the amo | nsurance coverage for the bunt that insurance has paid nce claims on line 33 of Sch | l. List | Date of your loss | Value of property lost |
| Par | t 7: List Certain Payments or Transfe | rs | | | | |
| | Include any attorneys, bankruptcy petition No Yes. Fill in the details. Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not LCDO JOSE A LEON LANDRAU PO BOX 1687 Caguas, PR 00726 | Descri transfe | ption and value of any pro | · | Date payment or transfer was made | Amount of payment \$1,490.00 |
| 17. | Within 1 year before you filed for banks promised to help you deal with your cr Do not include any payment or transfer the No Yes. Fill in the details. | editors or to mak | e payments to your credit | | r transfer any prope | erty to anyone who |
| | Person Who Was Paid Address | Descri transfe | ption and value of any pro erred | operty | Date payment or transfer was made | Amount of payment |
| 18. | Within 2 years before you filed for bank transferred in the ordinary course of you include both outright transfers and transfer include gifts and transfers that you have a second include yes. Fill in the details. | our business or fi ers made as secur | inancial affairs? ity (such as the granting of a | | | |
| | Person Who Received Transfer Address Person's relationship to you | | ption and value of rty transferred | | iny property or received or debts change | Date transfer was made |

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Debtor 1 MARDICK MARCELO DAVILA AGOSTO

Case number (if known)

| 19. | Within 10 years before you filed for bankrupto beneficiary? (These are often called asset-protein as | | y property to a | self-settle | d trust or similar devic | e of wh | ich you are a |
|------|--|---|----------------------------|---|--------------------------|------------|---|
| | No This is a second | | | | | | |
| | Yes. Fill in the details. | 5 | | | | D 4 | - , |
| | Name of trust | Description and v | alue of the prop | perty trans | sterrea | mad | e Transfer was e |
| Par | t 8: List of Certain Financial Accounts, Insti | ruments, Safe Deposit | Boxes, and St | orage Uni | ts | | |
| 20. | sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, associated No | other financial accou | nts; certificates | of depos | | | |
| | Yes. Fill in the details. | | | | | | |
| | | Last 4 digits of account number | Type of account instrument | Date account was closed, sold, moved, or transferred | | bef | Last balance fore closing or transfer |
| 21. | Do you now have, or did you have within 1 ye cash, or other valuables? | ear before you filed for | bankruptcy, ar | ny safe de _l | posit box or other depo | sitory f | or securities, |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had access to it? Address (Number, Street, City, State and ZIP Code) | | Describe the contents | | | o you still ave it? |
| 22. | Have you stored property in a storage unit or ■ No | place other than your | home within 1 | year before | re you filed for bankrup | otcy | |
| | Yes. Fill in the details. | | | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or h to it? Address (Number, St State and ZIP Code) | | Describe | the contents | | o you still ave it? |
| Par | t 9: Identify Property You Hold or Control fo | or Someone Fise | | | | | |
| · ai | identity i reperty rea field of control to | or comedite Lise | | | | | |
| 23. | Do you hold or control any property that som for someone. | eone else owns? Inclu | ude any propert | y you bor | rowed from, are storing | g for, or | hold in trust |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the prop (Number, Street, City, S Code) | | Describe | the property | | Value |
| Par | t 10: Give Details About Environmental Infor | mation | | | | | |

For the purpose of Part 10, the following definitions apply:

- Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

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Debtor 1 MARDICK MARCELO DAVILA AGOSTO

Case number (if known)

| 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? | | | | | ental law? | | | | | | |
|--|------|--|---|-------|------------------------------------|-------------------|--|--|--|--|--|
| | | No Survey of the state of the s | | | | | | | | | |
| | ш | Yes. Fill in the details. | | | | | | | | | |
| | | me of site dress (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State an ZIP Code) | nd | Environmental law, if you know it | Date of notice | | | | | |
| 25. | Hav | e you notified any governmental unit of | any release of hazardous material? | | | | | | | | |
| | | No Yes. Fill in the details. | | | | | | | | | |
| | | me of site dress (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State an ZIP Code) | nd | Environmental law, if you know it | Date of notice | | | | | |
| 26. | Hav | e you been a party in any judicial or adr | ministrative proceeding under any env | viron | nmental law? Include settlements a | and orders. | | | | | |
| | | No | | | | | | | | | |
| | _ | Yes. Fill in the details. | | | | | | | | | |
| | Cas | se Title | Court or agency | Na | ature of the case | Status of the | | | | | |
| | | se Number | Name Address (Number, Street, City, State and ZIP Code) | | | case | | | | | |
| Par | 11: | Give Details About Your Business or | Connections to Any Business | | | | | | | | |
| 27. | Witl | hin 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? | | | | | | | | | |
| | | ☐A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time | | | | | | | | | |
| | | □A member of a limited liability company (LLC) or limited liability partnership (LLP) | | | | | | | | | |
| | | A partner in a partnership | | | | | | | | | |
| | | ☐An officer, director, or managing exe | ecutive of a corporation | | | | | | | | |
| | | □An owner of at least 5% of the voting or equity securities of a corporation | | | | | | | | | |
| | | No. None of the above applies. Go to Part 12. | | | | | | | | | |
| | | Yes. Check all that apply above and fil | I in the details below for each busines | SS. | | | | | | | |
| | | siness Name | Describe the nature of the business | | Employer Identification number | | | | | | |
| | | dress nber, Street, City, State and ZIP Code) | Name of accountant or bookkeeper | | Do not include Social Security r | iumber or itin. | | | | | |
| | | | | | Dates business existed | | | | | | |
| 28. | | nin 2 years before you filed for bankrup itutions, creditors, or other parties. | tcy, did you give a financial statement | to a | nyone about your business? Inclu | ide all financial | | | | | |
| | | No | | | | | | | | | |
| | | Yes. Fill in the details below. | | | | | | | | | |
| | Na | | Date Issued | | | | | | | | |
| | | dress nber, Street, City, State and ZIP Code) | | | | | | | | | |

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| Debtor 1 MARDICK MARCELO DAVILA | AGOSTO Case number (if known) |
|---|--|
| | |
| Part 12: Sign Below | |
| are true and correct. I understand that making | Financial Affairs and any attachments, and I declare under penalty of perjury that the answers g a false statement, concealing property, or obtaining money or property by fraud in connectio to \$250,000, or imprisonment for up to 20 years, or both. |
| /s/ MARDICK MARCELO DAVILA AGOSTO | |
| MARDICK MARCELO DAVILA AGOSTO Signature of Debtor 1 | Signature of Debtor 2 |
| Date January 29, 2016 | Date |
| Did you attach additional pages to Your State | ement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? |
| ■No | |
| ∐Yes | |
| Did you pay or agree to pay someone who is | not an attorney to help you fill out bankruptcy forms? |
| ■No | |
| ☐Yes. Name of Person Attach the Bank | rruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |

| Fill in this information to identify your case: | | | | | |
|---|--|--|--|--|--|
| Debtor 1 | MARDICK MARCELO DAVILA AGOSTO | | | | |
| Debtor 2 (Spouse, if filing) | | | | | |
| United States B | ankruptcy Court for the: District of Puerto Rico | | | | |
| Case number (if known) | | | | | |

| Check | Check as directed in lines 17 and 21: | | | | | |
|---|--|--|--|--|--|--|
| According to the calculations required by this Statement: | | | | | | |
| - | 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3). | | | | | |
| | Disposable income is determined under 11 U.S.C. § 1325(b)(3). | | | | | |
| | 3. The commitment period is 3 years. | | | | | |
| | 4. The commitment period is 5 years. | | | | | |

☐Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income

- 1. What is your marital and filing status? Check one only.
 - ■Not married. Fill out Column A, lines 2-11.
 - Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

| •• | e came remai property, put the meeting from that property in on | 0 00.0 | o, , o | a.oog | to lopoit | | o iii iiio opacoi | |
|----|--|--|----------------------|---------------------------------|-----------------|---------------|--|--|
| | | | | | Colu Deb | mn A tor 1 | Column B Debtor 2 or non-filing spouse | |
| 2. | 2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions). | | | | \$ | 1,100.00 | \$ | |
| 3. | 3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in. | | | \$ | 0.00 | \$ | | |
| 4. | All amounts from any source which are regularly of you or your dependents, including child support from an unmarried partner, members of your househout and roommates. Include regular contributions from a filled in. Do not include payments you listed on line 3. | rt. Includ old, your spouse | de regula depende | r contributior ents, parents | ns , | 0.00 | \$ | |
| 5. | Net income from operating a business, profession, or farm | Debto | 1 | | | | | |
| | Gross receipts (before all deductions) | \$ | 0.00 | | | | | |
| | Ordinary and necessary operating expenses | -\$ | 0.00 | | | | | |
| | Net monthly income from a business, profession, or f | arm \$ | 0.00 | Copy here | -> \$ | 0.00 | \$ | |
| 6. | Net income from rental and other real property | Debto | · 1 | | | | | |
| | Gross receipts (before all deductions) | \$ | 0.00 | | | | | |
| | Ordinary and necessary operating expenses | -\$ | 0.00 | | | | | |
| | Net monthly income from rental or other real property | , \$ | 0.00 | Copy here | -> \$ | 0.00 | \$ | |

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| Debtor 1 | MARDICK MARCELO DAVILA AGOSTO | | Case number | if known) | | | |
|----------------|---|---------------------|---------------------------------|---------------------|--------------------------------|----------------------|-----------------------|
| | | | Column A Debtor 1 | | Column B Debtor 2 o non-filing | | |
| 7. In | terest, dividends, and royalties | | \$ | 0.00 | \$ | | |
| 8. U | nemployment compensation | | \$ | 0.00 | \$ | | |
| | o not enter the amount if you contend that the amount received was a beneater the Social Security Act. Instead, list it here: | efit | | | | | |
| | | .00 | | | | | |
| | For your spouse \$ | | | | | | |
| | ension or retirement income. Do not include any amount received that we enefit under the Social Security Act. | as a | \$ | 0.00 | \$ | | |
| De re de | come from all other sources not listed above. Specify the source and a continct include any benefits received under the Social Security Act or payme ceived as a victim of a war crime, a crime against humanity, or international mestic terrorism. If necessary, list other sources on a separate page and lated below. | nts al or | \$ | 0.00 | ¢ | | |
| | | | \$ | 0.00 | Φ | | - |
| | Total amounts from separate pages, if any. | — . | \$ \$ | 0.00 | \$ \$ | | - |
| | Total amounts nom separate pages, il any. | | Ψ | 0.00 | Ψ | | |
| 11. C a | alculate your total average monthly income. Add lines 2 through 10 for ach column. Then add the total for Column A to the total for Column B. | \$ | 1,100.00 | + | | = \$_ | 1,100.00 otal average |
| | opy your total average monthly income from line 11. | | | | | \$ | 1,100.00 |
| | You are not married. Fill in 0 below. | | | | | | |
| | You are married and your spouse is filing with you. Fill in 0 below. | | | | | | |
| | You are married and your spouse is not filing with you. | | | | | | |
| | Fill in the amount of the income listed in line 11, Column B, that was NO dependents, such as payment of the spouse's tax liability or the spouse | OT regu s's supp | larly paid for thor to some one | e house other th | nold expense an you or you | s of you ur depen | or your dents. |
| | Below, specify the basis for excluding this income and the amount of in adjustments on a separate page. | come d | evoted to each | purpose | . If necessary | y, list add | ditional |
| | If this adjustment does not apply, enter 0 below. | c | | | | | |
| | | - | | - | | | |
| | | +\$ | | _ | | | |
| | | | | _ | | | |
| | Total | \$_ | 0.00 | Col | oy here=> | | 0.00 |
| 14. ` | Your current monthly income. Subtract line 13 from line 12. | | | | | \$ | 1,100.00 |
| 15. (| Calculate your current monthly income for the year. Follow these steps | s: | | | | | |
| 1 | 5a. Copy line 14 here=> | | | | | \$ | 1,100.00 |
| | Multiply line 15a by 12 (the number of months in a year). | | | | | X | 12 |
| 1 | 5b. The result is your current monthly income for the year for this part of | the forn | າ | | | \$ | 13,200.00 |

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Debtor 1 MARDICK MARCELO DAVILA AGOSTO Case number (if known) 16. Calculate the median family income that applies to you. Follow these steps: 16a. Fill in the state in which you live. PR 16b. Fill in the number of people in your household. 2 23,228.00 16c. Fill in the median family income for your state and size of household. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 17. How do the lines compare? Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, Disposable income is not determined under 11 U.S.C. § 1325(b)(3). Go to Part 3. Do NOT fill out Calculation of Your Disposable Income (Official Form 122C-2). Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, Disposable income is determined under 11 U.S.C. § 1325(b)(3). Go to Part 3 and fill out Calculation of Your Disposable Income (Official Form 122C-2). On line 39 of that form, copy your current monthly income from line 14 above. Part 3: Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4) 18. Copy your total average monthly income from line 11. 1,100.00 19. Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13. 0.00 19a. If the marital adjustment does not apply, fill in 0 on line 19a. 1,100.00 19b. Subtract line 19a from line 18. \$ 20. Calculate your current monthly income for the year. Follow these steps: 1,100.00 20a. Copy line 19b Multiply by 12 (the number of months in a year). x 12 13,200.00 20b. The result is your current monthly income for the year for this part of the form 23,228.00 20c. Copy the median family income for your state and size of household from line 16c 21. How do the lines compare? Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, The commitment period is 3 years. Go to Part 4. Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, The commitment period is 5 years. Go to Part 4. Part 4: Sign Below By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct. X /s/ MARDICK MARCELO DAVILA AGOSTO MARDICK MARCELO DAVILA AGOSTO Signature of Debtor 1 Date January 29, 2016 MM / DD / YYYY If you checked 17a, do NOT fill out or file Form 122C-2. If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

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Debtor 1 MARDICK MARCELO DAVILA AGOSTO Case number (if known)

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 07/01/2015 to 12/31/2015.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: SALES REPRESENTATIVE TOLIC

Constant income of \$1,100.00 per month.

Remarks:

Paid 6 times \$1,256.66 Total \$7,539.96

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| + \$15 | trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee | |
|--------|-------|--------------------|--|
| + \$75 | | administrative fee | |
| | \$275 | total fee | |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_form

s.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html.

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case:16-00565-MCF13 Doc#:1 Filed:01/29/16 Entered:01/29/16 10:20:46 Desc: Main Document Page 43 of 45

B2030 (Form 2030) (12/15)

United States Bankruptcy Court District of Puerto Rico

| Debtor(s) DISCLOSURE OF COMPENSATION OF ATTOR | ney for the above nar | | | | | | |
|---|---|-------------------------------------|--|--|--|--|--|
| DISCLOSURE OF COMPENSATION OF ATTOR | ney for the above nar | | | | | | |
| | | 1.1.17 () 1.1.7 | | | | | |
| 1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorn compensation paid to me within one year before the filing of the petition in bankruptcy, be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy. | | to me, for services rendered or to | | | | | |
| For legal services, I have agreed to accept | \$ | 3,000.00 | | | | | |
| Prior to the filing of this statement I have received | \$ | 1,490.00 | | | | | |
| Balance Due | \$ | 1,510.00 | | | | | |
| 2. The source of the compensation paid to me was: | | | | | | | |
| ■ Debtor □ Other (specify): | | | | | | | |
| 3. The source of compensation to be paid to me is: | | | | | | | |
| ■ Debtor □ Other (specify): | | | | | | | |
| 4. I have not agreed to share the above-disclosed compensation with any other person | unless they are mem | bers and associates of my law firm. | | | | | |
| ☐ I have agreed to share the above-disclosed compensation with a person or persons v copy of the agreement, together with a list of the names of the people sharing in the | | | | | | | |
| 5. In return for the above-disclosed fee, I have agreed to render legal service for all aspect | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: | | | | | | |
| a. Analysis of the debtor's financial situation, and rendering advice to the debtor in det b. Preparation and filing of any petition, schedules, statement of affairs and plan which c. Representation of the debtor at the meeting of creditors and confirmation hearing, and d. [Other provisions as needed] | n may be required; | | | | | | |
| 6. By agreement with the debtor(s), the above-disclosed fee does not include the following | g service: | | | | | | |
| CERTIFICATION | | | | | | | |
| I certify that the foregoing is a complete statement of any agreement or arrangement for this bankruptcy proceeding. | payment to me for re | epresentation of the debtor(s) in | | | | | |
| January 29, 2016 /s/ Jose A. Leon I | Landrau | | | | | | |
| Date Jose A. Leon Lan | | | | | | | |
| Signature of Attorne LEÓN LANDRAU, | | | | | | | |
| PO BOX 1687 | , 0.1 . | | | | | | |
| CAGUAS, PR 007 | | | | | | | |
| 787-746-7979 Fa | | | | | | | |
| jleonlandrau@yal Name of law firm | noo.com | | | | | | |
| Trame of taw firm | | | | | | | |

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United States Bankruptcy Court District of Puerto Rico

| | | District of I delite lines | | |
|--------|---|--|---------------------------------------|-----|
| In re | MARDICK MARCELO DAVILA AGOSTO | 0 | Case No. | |
| | | Debtor(s) | Chapter 13 | |
| | VERIFICA | ATION OF CREDITOR | MATRIX | |
| The ab | ove-named Debtor hereby verifies that the | attached list of creditors is true and c | orrect to the best of his/her knowled | ge. |
| Date: | January 29, 2016 | /s/ MARDICK MARCELO DAV | LA AGOSTO | |
| | | MARDICK MARCELO DAVILA | AGOSTO | |

Signature of Debtor

MARDICK MARCELO DAVILA AGOSTO PO BOX 79 SAN LORENZO, PR 00754

JOSE A. LEON LANDRAU LEÓN LANDRAU, C.P. PO BOX 1687 CAGUAS, PR 00726

ASUME PO BOX 71414 SAN JUAN, PR 00936-8514

DTOP PO BOX 41243 SAN JUAN, PR 00940-1243

EMPRESAS BERRIOS APARTADO 674 CIDRA, PR 00739

HACIENDA DEPARTMENTO DE HACIENDA PO BOX 9024140 SAN JUAN, PR 00902

HACIENDA DEPARTMENTO DE HACIENDA PO BOX 9024140 SAN JUAN, PR 00902

SRA IVETTE ORTIZ GARCIA APARTADO 170 SAN LORENZO, PR 00754